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FORM 105

COUNTY INDIGENT HEALTH CARE PROGRAM
MONTHLY FINANCIAL REPORT

County Name TOM GREEN **Report for Month/Year 12/2007**

or

Amendment of the Report for Month/Year 12/2007 ✓

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	**1.**	**$5,024.94**		
Prescription Drugs	**2.**	**$10,672.35**		
Hospital, Inpatient Services	**3.**	**$24,619.33**		
Hospital, Outpatient Services	**4.**	**$11,971.77**		
Laboratory/X-Ray Services	**5.**	**$1,181.89**		
Skilled Nursing Facility Services	**6.**	**$0.00**		
Family Planning Services	**7.**	**$0.00**		
Rural Health Clinic Services	**8.**	**$0.00**		
State Hospital Contracts	**9.**	**$0.00**		
Optional Health Care Services	**10.**	**$2,720.37**		
Total Expenditures (Add #1 through #10)			**11.**	**$56,190.65**
Reimbursements Received (Do not include State Assistance.)	**12.**	**($13,501.79)** ✓		
6% Eligibility System Review Findings ($ in error)	**13.**	**($0.00)**		
Total to be deducted (Add #12 + #13)			**14.**	**($13,501.79)**
Applied to State Assistance Eligibility/Reimbursement (#11 minus #14)			**15.**	**$42,688.86**

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURE TRACKING for Current State Fiscal Year (9/1-8/31) **$ 350,860.39**

GRTL **$ 24,011,775.00**

6% of GRTL **$ 1,440,706.50**

8% of GRTL **$ 1,920,942.00**

Anita Dunlap

01/14/2008

Signature of person Submitting Form 105 Date